



UNIVERSITÀ
DEGLI STUDI
DI PALERMO



UNIVERSITÀ
DEGLI STUDI
DI PADOVA

proteinproject.com

Research Unit ID _____

Date _____

ID Participant _____

Age (yrs) _____ Sex (m/f) _____ H (cm) _____ W (kg) _____ Education (yrs) _____



1. Do you practice any physical activities? YES NO

2. If yes! What kind of activity are you practicing? _____

2.1 Since when (years) ? _____

3. How many days per week ? _____

4. How many hours per day ? _____

5. Please type all places you practice physical activities _____

<p><i>Note:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
--



6. Are you using protein supplements ? NO Yes

6.1 If not, have you ever used them in past ? (even if only once, answer yes) NO Yes

6.2 If yes, which ? (if possible, Brand / Trademark) _____

6.2.1 Since when (months/years) ? _____

6.2.2 How many days per week ? _____

6.2.3 What kind (per day) ?

Protein Bar

Whey/Egg/Mix Protein

Protein drink

nr _____

gr _____

ml _____

*Mainly mixed with
Water or Milk*

